FOR INSTRUCTIONS, SEE BACK OF FORM CALL CHECK ONE: This is an Initial* Statement of Organization This is an amended Statement of Organization This is an amended Statement of Organization An Initial Statement of Organization must be filed within 10 days of the commaking expenditures, or incurring indebtedness exceeding \$750. Amendment as change. Penalties may be imposed for late-filed Statements of Organization committee that exceeds \$750 in activity for another office shall file within 10 DR-1 disclosing information concerning the campaign for the new office so COMMITTEE NAME (A candidate's committee must include the	P - L All All All All All All All All All A	FORM DR-1 (Rev. 07/2009) For Office Use Comm. # Indexed	
put old name in (). Friends of Karen Boyd			
IMPORTANT: Indicate type of committee you are reporting for: [/D] (1)Statewide/Legislative/Judge Standing for Retention Candidate (2) (5)County Candidate (6)City Candidate (7)School Board or Other (10)School Board or Other Political Subdivision PAC (11) Local Ba)Statewide PAC (3)State Purby (4) Political Subdivision Candidate (1) Not lesue (including committee inv	olved in multiple ci	by/county ballot issues)
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (man	datory except for a	candidate's committee)
Name I Bettina J.C. McWilliams	Name + Tiffani I	Terraid	
	Mailing Address \$ 250ct	At Object	be !
<u>GVISTA COUPT</u>	Chy State J Zip Code	+ 50 m	
Davenport, IA 52806	,,		
Phone (563) 368-2.118	Phone (5/3) (050-71	 	
Sum evana willan so Cam	e-Mali		
INDICATE PURPOSE OF COMMITTEE - Check One Box W A	tvocate for/against candidate(s)	Advocate for ballot is Advocate against be	ssue(s)
Comment or description; All Candidates Enter:	County/Local Candidates	and Local Ballot C	committees Enter:
Office Sought: Davenport School Board	County:		
Political Party (if applicable)	(If active in multiple ballot	esue elections, attac	h list of counties
District:	Date of Election:		_
Year Standing for Election: Bank Account Name (must match committee name)	Candidate name & Address o	r Parent Entity (PAC	s, if applicable),
		Affiliate. or Spone	or
Name of Financial Institution/type of Account	Karen Boyo	<u> </u>	
Wells Fargo Business Checking	5532 N. TI	State \$	Zip ↓ ↓
203 W. 3rd Street	Davenport		1
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Phone (563 391-	7848	
	Phone (563) 577	78 70	
Davenport IA 52801	e-Mail		
STATEMENT OF AFFIRMATION: By filing this document the committee			
 The committee and all persons connected with the committee understand rules in Chapter 351 of the lows Administrative Code. 	· ·		
2. That lows Code section 68A.402 and rule 351—4.9 require the filing of dis subjects the candidate or chairperson (in the case of committees other than a imposition of other criminal and civil sanctions.	(CSUGIOSTO, a COLIMITAGE) to the erricular		is portant bird no pound.
 That lows Code section 68A.405 and rules 351—4.36 through 4.43 requir materials except for those items exempted by statute or rule. A committee the does not intend to cross the \$750 filing threshold shell file the Form DR-SFA 	form in lieu of filing this form.	o to purposes or came	are stories part to by and
4. That lows Code section 66A.503 and rules 351—4.44 through 4.52 prohit issue PACs.			
5. A candidate and a candidate's committee may only expend campaign fun	de as permitted by lowa code sections	88A.301 through 66A.	303 and rule 351—4.25.
 That the committee will continue to file disclosure reports until all activity is dissolution (DR-3) has been filed. 	nas ceased, committee funds spent, del	ots resolved, and a fini	актероп апо а зъветнет от
BOC Mytillians		9/1/09 Date Stoned	
Signature of Treasurer		8/3//01	
Signature of Carplidate, Os for all other committees, Chairperson		 □asses@ned 	•